

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/19/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>P0C#1</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445410	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2017
NAME OF PROVIDER OR SUPPLIER KNOLLWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 405 TIMES AVE LAFAYETTE, TN 37083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 10/16/2017. During this Life Safety Survey, Knollwood Manor was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.	K 000			
K 324 SS=D	The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through	K 324			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

11-9-17

Linda Austin

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 324	Continued From page 1 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to protect the cooking equipment. The findings included: 1. Document review on 10/16/2017 between 9:51PM - 11:45PM revealed, no documentation of a first semi-annual hood system inspection for 2017. NFPA 101, 19.3.2.5.1 (2012 Edition), NFPA 101, 9.2.3 (2012 Edition), NFPA 96, 11.2.1 (2011 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 324	The cooking equipment will be protected by conducting a semi-annual hood inspection. Any hood system in the facility shall be inspected on a semi- annual basis and the tags for each inspection shall be labeled six month inspection. Tags shall be changed from Yearly Inspection to Six Month Inspection to ensure that the time frame is adhered to. The Administrator and the Director of Maintenance shall monitor the status of the hood inspection to ensure it is completed on a six month basis.	11-30-17	
K 341 SS=D	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.	K 341			

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K 341	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the fire alarm system. The finding included: 1. Observations on 10/16/2017 between 9:13PM and 9:51PM, revealed the smoke detectors to close to airflow in the following locations: a. Corridor outside room 13 b. Activities director's office NFPA 101, 19.3.4.5.1 (2012 Edition), NFPA 101, 9.6.1.3 (2012 Edition); NFPA 72, 17.7.4.1 (2010 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 341	a. The smoke detector in the corridor outside Room 13 will be moved. b. The smoke detector at the Activity Director's office will be moved. Any smoke detector in the facility that is too close to airflow will be moved. The Director of Maintenance will ensure that future smoke detectors installed are away from air flow vents. The Administrator and the Director of Maintenance will monitor all smoke detectors for compliance with the regulation.	11-30-17	
K 351 SS=D	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and	K 351			

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K 351	Continued From page 3 sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to properly install components of the sprinkler system. The findings included: 1. Observations on 10/16/2017 at 8:29PM revealed, storage within 18 inches of sprinkler in the beauty salon storage closet. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 8.5.6.1 (2010 Edition) 2. Observations on 10/16/2017 at 8:55PM revealed mixed sprinklers (standard/quick response, same compartment) in the nurse's station and hall corridor outside room 4. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 8.3.3.2 (2010 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 351	1. Storage has been moved in the beauty salon storage closet so that it is not within 18 inches of the sprinkler. 2. Sprinkler heads in the nurse's station and hall corridor outside Room 4 are no longer mixed. All sprinkler heads in the facility will be the same in each compartment and not mixed. All storage areas will maintain storage 18 inches from the sprinkler. The Director of Maintenance shall educate all members of the housekeeping team to keep closet storage areas in compliance and 18 inches from the sprinkler. The Administrator and the Director of Maintenance will monitor these sprinkler situations to ensure the facility remains compliant.	10-19-17	10-27-17
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353			

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K 353	<p>Continued From page 4</p> <p>maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and document review, the facility failed to maintain sprinkler system.</p> <p>The findings included:</p> <p>1. Observations on 10/16/2017 between 8:40PM - 10:00PM, revealed paint/rust/corrosion on sprinklers in the following locations:</p> <p>a. Room 3 bathroom (paint)</p> <p>b. Room 5 bathroom (paint)</p> <p>c. Room 9 side wall (paint)</p> <p>d. Room 17 closet (paint)</p> <p>e. Kitchen dry storage (paint)</p> <p>f. Kitchen over pan rack (corroded)</p> <p>g. Kitchen wash room (2 of 2 corroded) NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.2.1.1.1 (2011 Edition), NFPA 25, 5.2.1.1.2 (2011 Edition)</p> <p>2. Document review on 10/16/2017 between 9:51PM - 11:45PM revealed, no documentation of a 10 year dry sprinkler inspection. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.5 (2012 Edition), NFPA 25, 5.1.1.2 Table (2011 Edition)</p>	K 353	<p>1. a. Room 3 bathroom sprinkler 10-27-1 has been changed</p> <p>b. Room 5 bathroom sprinkler 10-27-1 has been changed</p> <p>c. Room 9 side wall sprinkler 10-27-1 has been changed</p> <p>d. Room 17 closet sprinkler 10-27-17 has been changed</p> <p>e. Kitchen dry storage sprinkler has been changed 10-27-17</p> <p>f. Kitchen over pan rack 10-27-17 sprinkler has been changed</p> <p>g. Kitchen wash room (2 of 2) 10-27-1 sprinklers have been changed</p> <p>Any sprinklers with paint or that are corroded shall be changed immediately.</p> <p>The Director of Maintenance shall check sprinklers following any painting done in the facility or every few months in the kitchen for paint and corrosion.</p> <p>The Administrator and the Director of Maintenance shall monitor all sprinklers to ensure they are not compromised with paint or corrosion!!</p> <p>2. A 10 year dry sprinkler test 11-30-17 shall be conducted.</p> <p>A 10 year dry sprinkler test shall be conducted as due!!</p> <p>The Director of Maintenance will maintain records so as to follow the time line to do a 10 year test timely.</p>		

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K 353	Continued From page 5 3. Document review on 10/16/2017 at 11:50PM, revealed there was not an annual backflow inspection for 2016. NFPA 101, 19.3.5.1 (2012 Edition), NFPA 101, 9.7.1.1 (2012 Edition), NFPA 13, 26.1 (2010 Edition), NFPA 25, 13.6.2.1 (2011 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 353	The Administrator shall monitor this time line with the Director of Maintenance. 3. An annual backflow inspection of the sprinkler system has been performed. An annual backflow inspection will be done on a yearly basis. The Director of Maintenance shall keep records to ensure the test is done timely each year.		10-23-1
K 521 SS=D	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the fire dampers. The finding included: 1. Document review on 10/16/2017 at 10:45PM, revealed there was not a 4 year damper inspection. NFPA 101, 19.5.2.1 (2012 Edition), NFPA 101, 9.2.1 (2012 Edition), NFPA 90A, 5.4.7.1 (2012 Edition), NFPA 80, 19.4.1.1 (2010 Edition) The maintenance director was present when these deficiencies were identified, and were later	K 521 K521	The Administrator will monitor this inspection with the Director of Maintenance. A 4 year damper inspection will be completed. Dampers shall be inspected every 4 years per requirement. The Director of Maintenance shall keep records to ensure this is done every 4 years per the records. The Administrator shall ensure the damper test is completed by working with the Director of Maintenance.		11-10-17

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K 521	Continued From page 6	K 521			
K 918 SS=D	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	K 918	<p>A generator load bank test shall 10-30- be performed.</p> <p>A generator load bank test shall be done each year.</p> <p>The Director of Maintenance shall keep records to ensure that this load bank test is done yearly.</p> <p>The Administrator shall monitor this test with the Director of Maintenance to ensure its continued compliance.</p>		

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K 918	Continued From page 7 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the emergency generator. The finding included: 1. Document review on 10/16/2017 at 10:30PM, revealed there was not a generator load bank for 2016 or 2017. NFPA 101, 19.5.1.1 (2012 Edition), NFPA 101, 9.1.3.1 (2012 Edition), NFPA 110, 7.14.4.3 (2010 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 918			
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed	K 920			

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K 920	Continued From page 8 immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on documentation, the facility failed to maintain electrical equipment. The findings included: 1. Observations on 10/16/2017 between 7:00PM - 9:30PM, revealed the use of unapproved surge protectors throughout the facility in patient care areas. NFPA 99, 10.2.4 (2012 Edition) 2. Observation on 10/16/2017 at 8:47PM, revealed medical equipment plugged into unapproved surge protector in room 4. NFPA 99, 10.2.4 (2012 Edition) The maintenance director was present when these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 920	1. Approved surge protectors will now be used in all patient areas throughout the facility. 2. Approved surge protectors for medical equipment shall now be used to plug in any medical equipment. Only approved surge protectors for medical equipment will be used in all patient care areas of the facility. The Director of Maintenance shall educate housekeepers to assist with monitoring this situation on a continual basis and for future concerns!! The Administrator and the Director of Maintenance shall monitor this situation with families and patients on a continual basis!!	11-30-17	11-30-17
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing	K 923			

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K 923	<p>Continued From page 9</p> <p>gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier.</p> <p>Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, the facility failed to maintain oxygen storage.</p> <p>The finding included:</p> <p>Observation on 10/16/2017 at 8:34PM, revealed oxygen stored within 5 feet of combustibles in the storage closet by the magnolia dining room.</p> <p>NFPA 101, 19.3.2.4 (2012 Edition), NFPA 99, 11.3.2.3 (2012 Edition)</p> <p>The maintenance director was present when</p>	K 923	<p>A metal cabinet that is approved 11-30-17 for oxygen storage shall now house oxygen to keep it safe and away from combustibles.</p> <p>All oxygen cylinders shall be stored in the cabinet to prevent a fire hazard.</p> <p>The Director of Maintenance shall work with the Nursing Department to maintain the oxygen storage area perpetually.</p> <p>The Director of Maintenance and the DON shall work to monitor this situation and maintain compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 405 TIMES AVE LAFAYETTE, TN 37083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 923	Continued From page 10 these deficiencies were identified, and were later acknowledged by the administrator in the exit conference on 10/17/2017.	K 923			